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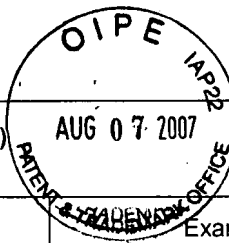
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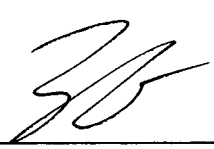
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/619,727	
	Filing Date	July 15, 2003	
	First Named Inventor	Wouter E. Roorda	
	Group Art Unit	1615	
	Examiner Name	Carlos A. Azpuru	
Total Number of Pages in This Submission (excluding references)	14	Attorney Docket Number	50623.211

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response to Office Action (11 pages)	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate) (2 pages)	<input type="checkbox"/> Request for Continued Examination Transmittal (RCE)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Request for Status of Application (___ page)
<input type="checkbox"/> Petition for Extension of Time (___ month) (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and 2 References (___ pages)	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Express Mail Label No. EV 889007415 US	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Certificate of Mailing	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Zhaoyang Li, Ph.D., Reg. No. 46,872
Signature	
Date	August 7, 2007

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date below:			
Typed or printed name	Rebecca M. Klits		
Signature		Date	August 7, 2007



AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. 50623.211		
Applicant(s): Wouter E. Roorda et al.					
Serial No. 10/619,727	Filing Date July 15, 2003	Examiner Carlos A. Azpuru	Group Art Unit 1615		
Invention: Medicated Coatings for Implantable Medical Devices Having Controlled Rate of Release					
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as show below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	24	24	0	X \$50.00	\$00.00
INDEP. CLAIMS	3	3	0	X \$200.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 07-1850 in the amount of \$ _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850 . A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.					
Dated: August 7, 2007 Squire, Sanders & Dempsey L.L.P. 1 Maritime Plaza, Suite 300 San Francisco, CA 94111 (415) 954-0200			 _____ Zhaoyang Li, Ph.D. Reg. No. 46,872		



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Invention Application of: Wouter E. Roorda et al. Serial No.: 10/619,727 Filed: July 15, 2003 Title: Medicated Coatings for Implantable Medical Devices Having Controlled Rate of Release	Examiner: Carlos A. Azpuru Art Unit: 1615
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RESPONSE TO FINAL OFFICE ACTION

Dear Examiner Azpuru:

This responds to the Office Action dated June 7, 2007.